Complete Summary

GUIDELINE TITLE

Breastfeeding best practice guidelines for nurses.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Breastfeeding best practice guidelines for nurses. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Sep. 120 p. [175 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Infant health

GUIDELINE CATEGORY

Management

CLINICAL SPECIALTY

Family Practice
Nursing
Obstetrics and Gynecology

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

- To improve breastfeeding outcomes for mothers and infants
- To assist practitioners to apply the best available research evidence to clinical decisions
- To promote the responsible use of health care resources

TARGET POPULATION

Pregnant women and new mothers

INTERVENTIONS AND PRACTICES CONSIDERED

1. Breastfeeding assessment of mother and baby
2. Prenatal and postnatal assessment
3. Education regarding breastfeeding
4. Follow-up after discharge

MAJOR OUTCOMES CONSIDERED

- Duration of breastfeeding
- Incidence of breastfeeding

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

An initial database search for existing breastfeeding guidelines was conducted early in 2001 by a company that specializes in searches of the literature for health related organizations, researchers and consultants. A subsequent search of the MEDLINE, CINAHL, and Embase database for articles published from January 1, 1995, to February 28, 2001, was conducted using the following search terms: "Breastfeeding," "Breast Feeding," "practice guidelines," "practice guideline," "clinical practice guideline," "clinical practice guidelines," "standards," "consensus statement(s)," "consensus," "evidence based guidelines," and "best practice guidelines." In addition, a search of the Cochrane Library database for systematic reviews was conducted using the above search terms.

A metacrawler search engine (www.metacrawler.com), plus other available information provided by the project team, was used to create a list of 42 Web sites known for publishing or storing clinical practice guidelines.

One individual searched each of the sites. The presence or absence of guidelines was noted for each site searched – at times it was indicated that the Web site did not house a guideline but redirected to another Web site or source for guideline retrieval. A full version of the document was retrieved for all guidelines.

Panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. In a rare instance, a guideline was identified by panel members and not found through the database or Internet search. These were guidelines that were developed by local groups and had not been published to date. Results of this strategy revealed no additional clinical practice guidelines.

The search method described above revealed eight guidelines, several systematic reviews, and numerous articles related to breastfeeding. The final step in determining whether the clinical practice guideline would be critically appraised was to apply the following criteria:

- Guideline was in English
- Guideline was dated 1996 or later
- Guideline was strictly about the topic area
- Guideline was evidence-based (e.g., contained references, description of evidence, sources of evidence)
- Guideline was available and accessible for retrieval

NUMBER OF SOURCE DOCUMENTS

Eight guidelines were deemed suitable for critical review.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Level of Evidence

Level I: Evidence obtained from at least one properly designed randomized controlled trial, plus consensus of panel

Level II-1: Evidence obtained from well-designed controlled trials without randomization, plus consensus of panel

Level II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably for more than one centre or research group, plus consensus of panel

Level II-3: Evidence from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments (such as results of the introduction of penicillin treatment in the 1940s) could also be regarded as this type of evidence, plus consensus of panel.

Level III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees, plus consensus of panel

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

In February of 2001, a panel of nurses, researchers, and other health professionals with expertise in the practice and research of breastfeeding support, from institutional, community and academic settings was convened under the auspices of the Registered Nurses Association of Ontario (RNAO). At the outset, the panel discussed and came to consensus on the scope of the best practice guideline. The original scope identified was best practices for breastfeeding support from preconception through the mother´s return (postpartum) to school or work. This scope was later found to be too ambitious. Therefore, the panel narrowed the scope of the guideline to address best practices that were general in nature and addressed the competent to proficient level of practice for nurses encountering families in both the prenatal and postnatal periods.

A critique of systematic review articles and pertinent literature was conducted to update the existing guidelines. Through a process of evidence gathering, synthesis, and consensus, the final draft set of recommendations was established.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Cost-effectiveness

A report by the U.S. Department of Agriculture´s Economic Research Service has estimated that $3.6 billion could be saved in treating otitis media, gastroenteritis, and necrotizing enterocolitis alone, if breastfeeding rates in the United States met current recommendations.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This draft document was submitted to a set of external stakeholders for review and feedback. Stakeholders represented various health care professional groups, clients and families, as well as professional associations. External stakeholders were provided with specific questions for comment, as well as the opportunity to give overall feedback and general impressions. The results were compiled and reviewed by the development panel; discussion and consensus resulted in revisions to the draft document prior to pilot testing.

A pilot implementation site was identified through a "Request for Proposal" (RFP) process. Practice settings in Ontario were asked to submit a proposal if they were interested in pilot testing the recommendations of the guideline. These proposals were then subjected to a review process, from which successful practice settings were identified. A nine-month pilot implementation was undertaken to test and evaluate the recommendations in both a hospital and public health unit in Sudbury, Ontario. The development panel reconvened after the pilot implementation in order to review the experiences of the pilot site, consider the evaluation results and review any new literature published since the initial development phase. All these sources of information were used to update/revise the document prior to publication.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence supporting the recommendations (Level I, II-1, II-2, II-3, III) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1

Nurses endorse the Baby-Friendly™ Hospital Initiative (BFHI), which was jointly launched in 1992 by the World Health Organization (WHO) and the United Nations Children´s Fund (UNICEF). The BFHI directs health care facilities to meet the "Ten Steps to Successful Breastfeeding". (Level of Evidence III)

Recommendation 1.1 (Level of Evidence III)

Nurses have a role in advocating for "breastfeeding friendly" environments by:

- Advocating for supportive facilities and systems such as day-care facilities, "mother and baby" areas for breastfeeding, public breastfeeding areas, 24-hour help for families having difficulties in breastfeeding
- Promoting community action in breastfeeding

Recommendation 2

Nurses and health care practice settings endorse the World Health Organization recommendation for exclusive breastfeeding for the first six months, with introduction of complementary foods and continued breastfeeding up to two years and beyond thereafter. (Level of Evidence I)

Recommendation 3

Nurses will perform a comprehensive breastfeeding assessment of mother/baby/family, both prenatally and postnatally, to facilitate intervention and the development of a breastfeeding plan. (Level of Evidence III)

Recommendation 3.1 (Level of Evidence III)

Key components of the prenatal assessment should include:

- Personal and demographic variables that may influence breastfeeding rates
- Intent to breastfeed
- Access to support for breastfeeding, including significant others and peers
- Attitude about breastfeeding among health care providers, significant others and peers
- Physical factors, including breasts and nipples, that may affect a woman´s ability to breastfeed

Recommendation 3.2 (Level of Evidence III)

Key components of the postnatal assessment should include:

- Intrapartum medications
- Level of maternal physical discomfort
- Observation of positioning, latching, and sucking
- Signs of milk transfer
- Parental ability to identify infant feeding cues
- Mother-infant interaction and maternal response to feeding cues
- Maternal perception of infant satisfaction/satiety cues
- Woman´s ability to identify significant others who are available and supportive of the decision to breastfeed
- Delivery experience
- Infant physical assessment

Recommendation 3.3

Practice settings are encouraged to develop, adopt, or adapt assessment tools encompassing key components for assessment and that meet the needs of their local practice setting. (Level of Evidence III)

Recommendation 4

Nurses will provide education to couples during the childbearing age, expectant mothers/couples/families and assist them in making informed decisions regarding breastfeeding. Education should include, as a minimum, the following:

- Benefits of breastfeeding (Level I)
- Lifestyle issues (Level III)
- Milk production (Level III)
- Breastfeeding positions (Level III)
- Latching/milk transfer (Level II-2)
- Prevention and management of problems (Level III)
- Medical interventions (Level III)
- When to seek help (Level III)
- Where to get additional information and resources (Level III)

Recommendation 5

Small, informal group health education classes, delivered in the antenatal period, have a better impact on breastfeeding initiation rates than breastfeeding literature alone or combined with formal, noninteractive methods of teaching. (Level of Evidence I)

Recommendation 5.1

Evaluation of education programs should be considered in order to evaluate the effectiveness of prenatal breastfeeding classes. (Level of Evidence II-2)

Recommendation 6

Nurses will perform a comprehensive breastfeeding assessment of mother/baby prior to hospital discharge. (Level of Evidence III)

Recommendation 6.1

If mother and baby are discharged within 48 hours of birth, there must be a face-to-face follow up assessment conducted within 48 hours of discharge by a qualified health care professional, such as a Public Health Nurse or Community Nurse specializing in maternal/newborn care. (Level of Evidence III)

Recommendation 6.2

Discharge of mother and baby after 48 hours should be followed by a telephone call within 48 hours of discharge. (Level of Evidence III)

Recommendation 7

Nurses with experience and expertise in breastfeeding should provide support to mothers. Such support should be established in the antenatal period, continued into the postpartum period and should involve face-to-face contact. (Level of Evidence I)

Recommendation 7.1

Organizations should consider establishing and supporting peer support programs, alone or in combination with one-to-one education from health professionals, in the antenatal and postnatal periods. (Level of Evidence I)

Education Recommendations

Recommendation 8

Nurses providing breastfeeding support should receive mandatory education in breastfeeding in order to develop the knowledge, skill, and attitudes to implement breastfeeding policy and to support breastfeeding mothers. (Level of Evidence II-2)

Organization and Policy Recommendations

Recommendation 9

Practice settings need to review their breastfeeding education programs for the public and, where appropriate, make the necessary changes based on recommendations in this best practice guideline. (Level of Evidence III)

Recommendation 10

Practice settings/organizations should work towards being accredited by the Baby-Friendly™ Hospital Initiative. (Level of Evidence III)

Recommendation 11 (Level of Evidence III)

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational, and administrative support, as well as appropriate facilitation.

Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to education
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines

Refer to the "Description of the Implementation Strategy" field for more information.

Definitions:

Level I: Evidence obtained from at least one properly designed randomized controlled trial, plus consensus of panel

Level II-1: Evidence obtained from well-designed controlled trials without randomization, plus consensus of panel

Level II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably for more than one centre or research group, plus consensus of panel

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Level III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees, plus consensus of panel

CLINICAL ALGORITHM(S)

An algorithm is provided in the original guideline document for an immediate postpartum decision tree.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Improved breastfeeding outcomes for mothers and infants

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- Guidelines should not be applied in a "cookbook" fashion, but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.
- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability

nor a discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. In this light, the Registered Nurses Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators has developed a Toolkit: Implementation of Clinical Practice Guidelines based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a healthcare organization.

The "Toolkit" provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating guideline implementation. Specifically, the Toolkit addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment, and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing an evaluation
6. Identifying and securing required resources for implementation and evaluation

Implementing practice guidelines that result in successful practice changes and positive clinical impact is a complex undertaking. The Toolkit is one key resource for managing this process.

IMPLEMENTATION TOOLS

Clinical Algorithm
Patient Resources
Tool Kits

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Breastfeeding best practice guidelines for nurses. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Sep. 120 p. [175 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Sep

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Guideline Development Panel Members:

Monique Stewart, RN, BNSc, MN
Team Leader
Program Development Officer
City of Ottawa Public Health & Long Term Care Branch
Community Medicine & Epidemiology Unit
Ottawa, Ontario

Gwen Bennett, RN, BAAN
Public Health Nurse

Simcoe County District Health Unit
Barrie, Ontario

Anne-Marie Desjardins, RN, MScN, IBCLC
Private Practice
Toronto, Ontario

Sandy Dunn, RN, BNSc, MEd, IBCLC
Perinatal Partnership Program of Eastern and Southeastern Ontario
Ottawa, Ontario

Maureen Kennedy, RN, BScN, IBCLC
Public Health Nurse
City of Ottawa Community Services
Healthy Babies, Healthy Children Program
Ottawa, Ontario

Lorna Larsen, RN, BScN
Manager, Health Promotion
Oxford County Board of Health
Woodstock, Ontario

Denna Leach, RN, BScN, BEd
Public Health Nurse
Grey Bruce Health Unit
Owen Sound, Ontario

Tammy McBride, RN, BScN, IBCLC
Saint Elizabeth Health Care
Toronto, Ontario

Heather McConnell, RN, BScN, MA(Ed)
Facilitator – Project Manager
Nursing Best Practice Guidelines Project
Registered Nurses Association of Ontario
Toronto, Ontario

Joyce Ridge, RN, MN, PNC(C), IBCLC
Clinical Nurse Specialist
Mount Sinai Hospital
Toronto, Ontario

Laura Samaras, RN
Lactation Consultant
St. Joseph´s Health Centre
Toronto, Ontario

Judy Sheeshka, PhD, RD
Associate Professor
Department of Family Relations & Applied Nutrition

University of Guelph
Guelph, Ontario

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 88 p.

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

PATIENT RESOURCES

The following is available:

- Health education fact sheet. Breastfeeding-the best start. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2004 Mar. 2 p.

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

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NGC STATUS

This NGC summary was completed by ECRI on September 16, 2004. The information was verified by the guideline developer on October 14, 2004.

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